

Declaration For Patent Application

特許出願宣言書

Japanese Language Declaration

日本語宣言書

下記の氏名の発明者として、私は以下の通り宣言します。

下記の名称の発明に関して請求範囲に記載され、特許出願している発明内容について、私が最初かつ唯一の発明者（下記の氏名が一つの場合）もしくは最初かつ共同発明者（下記の名称が複数の場合）であると信じています。

上記発明の明細書は、

☐ 本書に添付されています。

☐ _____ 月 _____ 日に提出され、米国出願番号または特

許協定条約国際出願番号を

_____ とし、

(該当する場合) _____ に訂正されました。

私は、特許請求範囲を含む上記訂正後の明細書を検討し、内容を理解していることをここに表明します。

私は、連邦規則法典第 37 編第 1 条 56 項に定義されるとおり、特許資格の有無について重要な情報を開示する義務があることを認めます。継続願書一部分を含む資料案内は前回の願書記入日から、米国願書または国際特許協定条約継続願書記入日の間に入手できます。

As a below-named inventor, I hereby declare that:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

MICROORGANISM STAINING AGENT AND USE THEREOF

the specification of which

☐ is attached hereto.

☒ was filed on April 8, 2004

as United States Application Number or PCT International Application Number

PCT/JP04/005085 and was amended on

_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

Japanese Language Declaration (日本語宣言書)

私は、私自身の知識に基づいて本宣言書中で私が行なう表明が真実であり、かつ私の入手した情報と私の信じるところに基づく表明が全て真実であると信じていること、さらに故意になされた虚偽の表明及びそれと同等の行為は米国法典第18編第1001条に基づき、罰金または拘禁、もしくはその両方により処罰されること、そしてそのような故意による虚偽の声明を行なえば、出願した、又は既に許可された特許の有効性が失われることを認識し、よってここに上記のごとく宣誓を致します。

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

単独発明者または第 1 の共同発明者の氏名	Full name of sole or first inventor Koji NASHIMOTO	
発明者の署名	日付	Inventor's signature Date
		<i>Koji Nashimoto</i> <i>Oct. 6, 2005</i>
国籍	Citizenship Japanese	

第 2 の共同発明者の氏名	Full name of second joint inventor, If any Kazuya ISHIDA	
第 2 の共同発明者の署名	日付	Second inventor's signature Date
		<i>Kazuya Ishida</i> <i>Oct. 17, 2005</i>
国籍	Citizenship Japanese	

第 3 の共同発明者の氏名	Full name of third joint inventor, If any Yasuo IKEDA	
第 3 の共同発明者の署名	日付	Third inventor's signature Date
		<i>Yasuo Ikeda</i> <i>Oct. 7, 2005</i>
国籍	Citizenship Japanese	

第 4 の共同発明者の氏名	Full name of fourth joint inventor, If any Yoshiaki HANAOKA	
第 4 の共同発明者の署名	日付	Fourth inventor's signature Date
		<i>Yoshiaki Hanooka</i> <i>Oct. 17, 2005</i>
国籍	Citizenship Japanese	

**SINGLE ASSIGNEE
CASE SPECIFIC POWER OF ATTORNEY**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM and STATEMENT UNDER 37 CFR 3.73(b)	Application Number	
	Filing Date	
	First Named Inventor	Koji NASHIMOTO
	Title: MICROORGANISM STAINING AGENT AND USE THEREOF	
	Attorney Docket Number: 280145USOPCT	

I hereby appoint:	
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number	22850
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
Please recognize or change the correspondence address for the above-identified application to:	
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number.	
I am the:	
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">HISAMITSU MEDICAL Co., Ltd. (Name of Assignee)</div><div style="width: 50%;">a corporation (Type of Assignee, e.g., corporation, partnership, government agency, etc.)</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> States that it is the assignee of the entire right, title, and interest. A copy of the assignment is attached.</div>	
SIGNATURE OF ASSIGNEE OF RECORD	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.	
<div style="font-size: 1.5em; margin-bottom: 5px;">榎 崎 光 政</div> <div style="border-bottom: 1px solid black; width: 100%;"></div> Signature	<div style="border-bottom: 1px solid black; width: 100%;">October 17, 2005</div> Date
<div style="border-bottom: 1px solid black; width: 100%;">Mitsumasa KABASHIMA</div> Printed or Typed Name	<div style="border-bottom: 1px solid black; width: 100%;"></div> Telephone Number
<div style="border-bottom: 1px solid black; width: 100%;">President</div> Title	
THIS FORM CAN ONLY BE SIGNED WHERE THERE IS ONLY A SINGLE ASSIGNEE	